

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO:

10/595217

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		1			
2		1		1		
3	1		1			
4		3		1		
5		3		1		
6	0	0				
7	0	0				
8	0	0				
9	3		1			
10	3		1			
11	2		1			
12	1		1			
13	0		1			
14	1		1			
15	2		1			
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TOTAL IND.			2			
TOTAL DEP.			15			
TOTAL CLAIMS			17			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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PTO-1360 (REV. 9/03)

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